BEST AVAII ARLE COPY SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(8) CLAIMS AFTER . 1ot AMENDMENT AFTER 2nd AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. CZP. IND. DZP. Τ 15-۲, T Î TOTAL IND. O_O TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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